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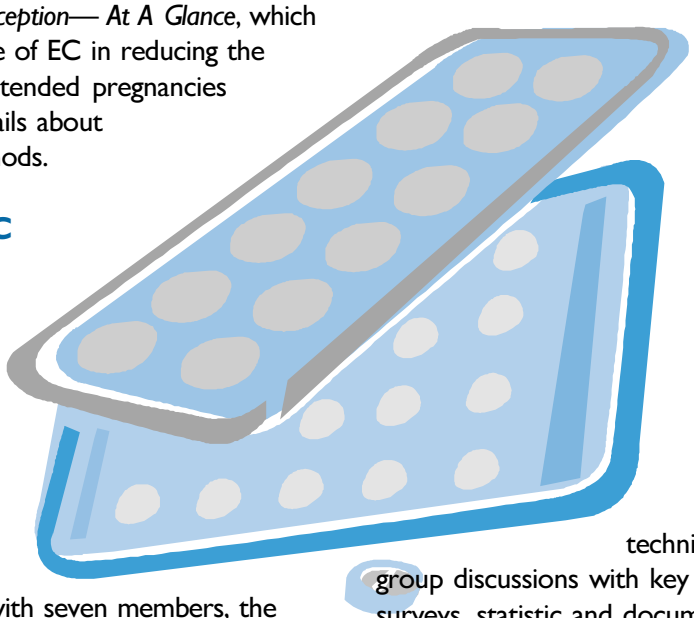
NGO Networks for Health

Programming for

EMERGENCY CONTRACEPTION

At a glance

This issue of *At A Glance* outlines strategies for introducing emergency contraception (EC) services, addresses the key policy issues involved, and presents the experience of one group, the Consortium for Emergency Contraception, in introducing this service into the community. It complements the accompanying issue, *Emergency Contraception— At A Glance*, which describes the role of EC in reducing the incidence of unintended pregnancies and provides details about available EC methods.



Introducing EC into the Community: The Story of the Consortium for Emergency Contraception

Started in 1995 with seven members, the Consortium for Emergency Contraception is now a 25-member network of noncommercial agencies with the goal of promoting "the availability and appropriate use of EC around the world." The Consortium has been working to introduce a dedicated product for EC—that is, a product that contains the right type and number of pills and is labeled for the EC indication. The Consortium believes that having a dedicated product will increase availability and access to this contraceptive technology.

The Consortium selected an ECP (Postinor-2, manufactured by Gedeon Richter in Hungary), chose four countries with different religious backgrounds and service delivery systems to pilot test the product, and then evaluated the results. In each country, the Consortium used a nine-step framework to introduce ECPs into the community. These nine steps should be considered in developing an EC program.

Step 1: Assess user needs and service capabilities. Programmers first need to assess: (1) user information and service needs; (2) service delivery capabilities; and (3) regulatory requirements. They should use a variety of qualitative and quantitative techniques (interviews, group discussions with key audiences, surveys, statistic and document review) and talk to a variety of stakeholders—women's groups, government officials, pharmacists, providers, religious leaders, community groups—to find out where people stand on the ECP issue and what information and level of involvement they would like to have.

Step 2: Build support for ECP introduction at appropriate levels. To ensure initial acceptance, key government officials and community leaders must be involved from the very beginning. They must be provided with clear, scientifically based information and have all their questions answered (about how the pills work, the effect of EC availability on the use of other family planning methods, the safety of EC). It

is helpful to emphasize that EC has been approved by the World Health Organization as a standard contraceptive method.

Step 3: Select a product. While special doses of regular oral contraceptives can be used for EC, the Consortium recommends using a dedicated product because such products are easier to use correctly, have specific instructions and labeling for EC use, are easier to dispense through nonclinical settings, and can be marketed by the commercial sector. While there are concerns about the somewhat higher cost of dedicated products compared to 'cut up' packets of oral contraceptives, the Consortium's pilot projects found that women are willing to pay for ECPs for an occasional use when the alternative was the fear of becoming pregnant and/or needing an abortion. (For specific product information, please see the ECP Formulations Table presented in the accompanying issue, *Emergency Contraception - At A Glance*.)

Cutting up regular packets of oral contraceptive pills should be considered in areas where no dedicated product is available. The key advantage of this option is that suitable formulations are readily available almost everywhere, women can cut up the pill packets themselves, and they often cost less. But the packets are not labeled for EC use and can be very confusing to women, who sometimes take the placebo pills by mistake or don't take enough of the pills. (IUDs are a third product option for EC, but may not be as easy to use as they require going to a clinic, meeting certain medical eligibility requirements, and undergoing a pelvic exam. In addition, providers must receive proper training.)

Step 4: Build a distribution plan. The assessment in Step 1 will identify a variety of appropriate distribution channels, including family planning distribution sites (maternal child health clinics and community-based distribution centers), pharmacies, emergency rooms, sexual assault services, school-based services, and private health practitioners. 'Appropriate' sites are those that ensure quick access, reach the right audience, and can ensure a reliable supply.

"Our fear of backlash is sometimes our worst enemy, but this fear is unfounded. Experience has shown that when ECPs are distributed through the private sector (pharmacies, etc.), there is no backlash at all. Brazil is an example. Aché, a Postinor-2 distributor, marketed ECPs heavily in Brazil and there was no backlash—and this was in a predominantly Catholic country. One would have thought there would have been a lot of resistance, but there was none." (Elisa Wells)

Step 5: Train providers. Providers usually need training in the correct use of ECPs and in counseling skills that teach them how to work in nonjudgmental ways with the client. It is important to also train all *non-medical* staff (educators, receptionists) who may deal with the client.

Step 6: Meet client information needs. Women need to know *in advance* that this method is available and can be used up to three days after sex, and they need to know where they can get the pills. The Consortium recommends several approaches to spreading the word about ECPs: Displays at points of service (clinics, pharmacies), through paid media (advertising in the newspaper, on the radio and/or TV), participating on talk shows, and/or writing articles in newspapers and magazines. Several creative techniques are being used, such as advertising on the back of prepaid phone cards, putting stickers on condoms, and setting up telephone hotlines (using easy-to-remember numbers like: 1-888-not-2-late) and websites, such as www.not-2-late.com.

Once women decide to use the method, they need information about the type and number of pills to take, the side effects, the fact that the pills do not provide protection against sexually transmitted infections, and that for ongoing, long-term protection, they should use a regular birth control method.

Step 7: Introduce the product. Once delivery mechanisms are in place, providers are trained, and informational materials are developed; holding a formal product or project launch can help draw media attention to the issue and raise awareness among both providers and clients.

Step 8: Monitor and evaluate. The program should include on-site monitoring of providers' knowledge and skills, as well as assessments of user perceptions and experiences, service delivery channels, and contraceptive use patterns.

Step 9: Disseminate evaluation results. The results of the monitoring and evaluation activities should be shared and used to make further improvements in services.

LESSONS

Involve the community. Involving the community and the key stakeholders, including governmental and regulatory agencies, professional organizations, religious and community leaders, and women's groups is critical, as is sharing information about successful EC efforts elsewhere.

Use appropriate distribution channels. Choose your distribution channels carefully to ensure you reach those most in need. Don't discount the role of the private sector, which can make EC products more widely available. In some cases, government officials and providers may want to see an example of a pilot EC program before launching an EC campaign on a grand scale.

Train providers. Emphasize that EC is not just a single method but part of the overall reproductive health package, including ongoing contraceptive use and STI services. Discuss local and traditional products and how they differ from EC.

Inform clients. Advanced knowledge about EC is critical. Women frequently call in after they miss their periods because they don't know that there is something they can do to prevent pregnancy after unprotected sex. Money helps in EC marketing of course, but low-cost, creative approaches also work. Always use the local language, pretest your messages for comprehension and cultural appropriateness, and look for ways to expand your audience to include youth and men.

Ensure sustainable services. Product registration takes time. In the absence of a registered product, provide information about cutting up pill packets. Tiered pricing

can help cover the costs of advertising, hotlines, and so forth, and still keep the product affordable. The revenues can then be put back into promoting the product.

The Consortium has developed prototype materials for clients, providers, managers, policymakers, community groups, and the media to help them initiate or expand EC services. These materials, which include newly revised *Medical and Service Delivery Guidelines*, may be obtained from Elisa Wells, Consortium Coordinator, PATH, 4 Nickerson Street, Seattle, WA 98109. Many of the materials can be downloaded directly from the Consortium's website, www.path.org/cec/.

For further reading

Consortium for Emergency Contraception, "Expanding Global Access to Emergency Contraception: A Collaborative Approach to Meeting Women's Needs," October 2000.

Websites:

Association of Reproductive Health Professionals: **http://www.arhp.org/ec/**
"Emergency Contraception: Training the Trainer" slide presentation available.

Consortium for Emergency Contraception: **http://www.path.org/cec/**
Provider materials, including Medical and Service Delivery Guidelines and training materials for health professionals, client materials, questions and answers, references, and links are available online in English, French, Portuguese, and Spanish.

Food and Drug Administration (FDA): **http://www.fda.gov/**
Use the search feature to locate FDA documents on EC.

Journal of the American Medical Women's Association, Fall, 1998: 53 (5): **http://www.jamwa.org/vol53/toc53_5.html**
This issue is devoted to emergency contraception. Some articles appear in full text, others are abstracted.

Program for Appropriate Technology in Health (PATH): **http://www.path.org/resources/ec_resources.htm**
Resources, publications, project descriptions, and client materials for diverse audiences.

Additional readings and website addresses are included in the accompanying issue, *Emergency Contraception— At A Glance* and are available on our website at: **http://www.ngonetworks.org.**

NGO Networks for Health

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At a glance

NGO Networks for Health (*Networks*) is an innovative five year global health partnership created to meet the burgeoning demand for quality family planning, reproductive health, child survival, and HIV/AIDS information and services around the world. Funded by the United States Agency for International Development (USAID), the project began operations in June 1998. For more information, contact:

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Networks Technical Support Group encourages and supports health policy makers, program managers, and service providers to:

- become aware of the need to consider related social issues in all aspects of their work;
- understand that individual's perceptions can affect policy making, program planning, and clinical practice; and
- become comfortable in discussing a wide range of issues with colleagues, clients, and other persons at community levels as appropriate in their work.

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